



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Adam L. Schwartz, D.C.

Respondent Name

Znat Insurance Company

MFDR Tracking Number

M4-15-2223-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 20, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... the payment we received does not meet the recommended allowance determined by the Texas Medical Fee Guidelines."

Amount in Dispute: \$50.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Zenith Insurance maintains its position that the designated doctor exam was paid according to fee guidelines. The Disputed Code 99456-MI is not supported by the documentation provided. Therefore, no additional reimbursement is recommended."

Response Submitted by: The Zenith

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 16, 2015	Designated Doctor Examination (Multiple Impairments)	\$50.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 217 – The value of this procedure is included in the value of another procedure performed on this date.
 - 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
 - 224 – Duplicate charge.

- Note: “UPON FURTHER REVIEW, WE ARE NOT RECOMMENDING ADDITIONAL PAYMENT. 99456-MI IS NOT PAYABLE BECAUSE ONLY ONE BODY AREA WAS REVIEW...”

Issues

1. What are the disputed services in question?
2. Is the insurance carrier’s reason for denial of payment supported?

Findings

1. While the Medical Fee Dispute Resolution Request (DWC060) includes CPT codes 99456-W5-NM, 99456-W6-RE, and 95851; the requestor is seeking \$0.00 for these services. Therefore, these services will not be considered in this dispute. The DWC060 indicates that the requestor is seeking \$50.00 for CPT code 99456-MI. This will be the only service considered for this dispute.
2. The insurance carrier denied disputed services with claim adjustment reason code 217 – “THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE.” Per 28 Texas Administrative Code §127.10(d),

...If a designated doctor is simultaneously requested to address MMI and/or impairment rating and the extent of the compensable injury in a single examination, the designated doctor shall provide multiple certifications of MMI and impairment ratings that take into account each possible outcome for the extent of the injury...If the designated doctor provided multiple certifications of MMI and impairment ratings, the designated doctor must file a Report of Medical Evaluation under §130.1 (d) of this title for each impairment rating assigned and a Designated Doctor Examination Data Report pursuant to §127.220 of this title (relating to the Designated Doctor Reports) for the doctor’s extent of injury determination...

Furthermore, 28 Texas Administrative Code §134.204(j)(4)(B) states,

When multiple IRs are required as a component of a designated doctor examination ... the designated doctor shall bill for the number of body areas rated and **be reimbursed \$50 for each additional IR calculation** [emphasis added]. Modifier ‘MI’ shall be added to the MMI evaluation CPT code.

The submitted documentation indicates that the Designated Doctor was ordered to address Maximum Medical Improvement (MMI), Impairment Rating (IR), and Extent of Injury. The submitted documentation supports that the designated doctor provided multiple certifications of MMI, in accordance with 28 Texas Administrative Code §127.10(d). The documentation does not support that the designated doctor provided any IR calculations. As CPT code 99456 with modifier “MI” is for reimbursement of additional IR calculations, not findings of MMI, the additional finding of MMI provided by the designated doctor is included in CPT code 99456-W5-NM. The insurance carrier’s denial reason is supported. Additional reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Laurie Garnes Medical Fee Dispute Resolution Officer	_____ December 17, 2015 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.